

File with:
Iowa Ethics and Campaign
Disclosure Board
510 E. 12th, Ste. 1A
Des Moines, Iowa 50319
Fax: 515-281-4073



FOR INSTRUCTIONS, SEE BACK OF FORM
DISCLOSURE SUMMARY PAGE

2009 APR 30 PM 4:32

COMMITTEE NAME (Must be same as on Statement of Organization)

Committee to Preserve Local Healthcare

IMPORTANT: Indicate by # type of committee you are reporting for: 11
(1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party
(4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other Political
Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political Subdivision PAC (11) Local Ballot Issue

CANDIDATE COMMITTEES ONLY:

Candidate Name

Political Party (if applicable)

Office Sought

District (if Senate or House)

FORM
DR-2

(Rev. 07/2007)

DISCLOSURE
REPORT

For Office Use Only

Comm. # _____
Logged In _____
Scanned _____
Computer _____
Audited _____

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code sections 68B.32A(7) and 68A.401(3), the candidate, for a

John U. Axel, Chairman
SIGNATURE OF PERSON FILING REPORT

563-263-1485

TELEPHONE

4-30-09

DATE SIGNED

I AM FILING A April 30, 2009 REPORT FOR (1) ELECTION / (2) NON-ELECTION YEAR.
(report date) Indicate by # 1

☐ CHECK IF AMENDMENT TO REPORT DATED _____

☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.
(You must continue to file reports until a DR-3 is filed.)

Local Committees, enter Date of Election

May 5, 2009

County & Local Committees, enter County in
which Election is held
Muscatine

STATEMENT OF CASH ON HAND

CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount **MUST** be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.)

\$ -0-

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)

\$ 15,000.00

Schedule F: Loans Received total (Attach Schedule F)

\$ -0-

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

\$ -0-

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL.....\$ \$15,000.00

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)

\$ 13,756.22

Schedule F: Loan Repayments total (Attach Schedule F)

\$ -0-

CASH ON HAND at the end of this reporting period (if final report balance must be zero)

\$ \$ 1,243.78

**UNPAID BILLS (From Schedule D - Attach Schedule D)

\$ -0-

*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)

\$ -0-

**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)

\$ -0-

CONSULTANT BREAKDOWN (Schedule G Attached?)

☒ YES ☐ NO

CANDIDATE COMMITTEES ONLY:

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

\$ _____

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

Reception

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

FOR INSTRUCTIONS, SEE BACK OF FORM

Reset Form

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Committee to Preserve Local Healthcare

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
4-30-09	ID# CK# 1001	Unity HealthCare 1518 Mulberry Avenue Muscatine, IA 52761	Reimburse employee time for presentation to employees regarding vote	\$ 139.53
4-30-09	ID# CK# 1002	Unity HealthCare 1518 Mulberry Avenue Muscatine, IA 52761	Reimburse employee time to prepare press release	18.79
4-30-09	ID# CK# 1003	Unity HealthCare 1518 Mulberry Avenue Muscatine, IA 52761	Reimburse employee time for presentation to employees regarding vote	93.02
4-30-09	ID# CK# 1004	Unity HealthCare 1518 Mulberry Avenue Muscatine, IA 52761	Reimburse employee time for planning referendum vote turnout	46.51
4-30-09	ID# CK# 1005	Unity HealthCare 1518 Mulberry Avenue Muscatine, IA 52761	Reimburse employee time to prepare NewsFlash ads	28.19
4-30-09	ID# CK# 1006	Unity HealthCare 1518 Mulberry Avenue Muscatine, IA 52761	Reimbursement for cost of campaign buttons	273.00
4-30-09	ID# CK# 1007	Unity HealthCare 1518 Mulberry Avenue Muscatine, IA 52761	Reimburse employee time for planning vote turnout	46.51
4-30-09	ID# CK# 1008	Unity HealthCare 1518 Mulberry Avenue Muscatine, IA 52761	Reimburse employee time for planning vote turnout	46.51
SUB-TOTAL				\$ 692.06
TOTAL (If last page of this schedule)				\$

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

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(for Schedule B)

FOR INSTRUCTIONS, SEE BACK OF FORM

**EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT**

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Committee to Preserve Local Healthcare

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
4-30-09	ID# CK# 1009	Unity HealthCare 1518 Mulberry Avenue Muscatine, IA 52761	Reimburse employee time for planning vote turnout	\$ 46.51
4-30-09	ID# CK# 1010	Unity HealthCare 1518 Mulberry Avenue Muscatine, IA 52761	Reimburse for copies of slides	420.78
4-30-09	ID# CK# 1011	Unity HealthCare 1518 Mulberry Avenue Muscatine, IA 52761	Reimburse for name badges and poster tape	11.64
4-30-09	ID# CK# 1012	Unity HealthCare 1518 Mulberry Avenue Muscatine, IA 52761	Reimburse employee time for referendum kick-off meeting	46.51
4-30-09	ID# CK# 1013	Unity HealthCare 1518 Mulberry Avenue Muscatine, IA 52761	Reimburse employee time for referendum kick-off meeting	29.47
4-30-09	ID# CK# 1014	Unity HealthCare 1518 Mulberry Avenue Muscatine, IA 52761	Reimburse for campaign buttons	273.00
4-30-09	ID# CK# 1015	Unity HealthCare 1518 Mulberry Avenue Muscatine, IA 52761	Reimburse for employee time to prepare presentation packets	12.02
4-30-09	ID# CK# 1016	Unity HealthCare 1518 Mulberry Avenue Muscatine, IA 52761	Reimburse employee time to prepare mailing list	18.03
SUB-TOTAL				\$ 857.96
TOTAL (If last page of this schedule)				\$

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Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

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Reset Form

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Committee to Preserve Local Healthcare

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
4-30-09	ID# CK# 1017	Unity HealthCare 1518 Mulberry Avenue Muscatine, IA 52761	Reimburse employee time to prepare mailing list labels	\$ 12.02
4-30-09	ID# CK# 1018	Unity HealthCare 1518 Mulberry Avenue Muscatine, IA 52761	Reimburse employee time to prepare display regarding election	65.77
4-30-09	ID# CK# 1019	Unity HealthCare 1518 Mulberry Avenue Muscatine, IA 52761	Reimburse for campaign stationery and postcards	224.08
4-30-09	ID# CK# 1020	Unity HealthCare 1518 Mulberry Avenue Muscatine, IA 52761	Reimburse for employee time for presentation to Women in Business	93.95
4-30-09	ID# CK# 1021	Unity HealthCare 1518 Mulberry Avenue Muscatine, IA 52761	Reimburse for campaign ink pens	3,115.00
4-30-09	ID# CK# 1022	Unity HealthCare 1518 Mulberry Avenue Muscatine, IA 52761	Reimburse employee time to prepare newspaper ads	46.98
4-30-09	ID# CK# 1023	Unity HealthCare 1518 Mulberry Avenue Muscatine, IA 52761	Reimburse employee time to prepare radio ads	28.19
4-30-09	ID# CK# 1024	Unity HealthCare 1518 Mulberry Avenue Muscatine, IA 52761	Reimburse employee time to prepare radio ads	56.37
SUB-TOTAL				\$ 3,642.36
TOTAL (if last page of this schedule)				\$

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Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

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(for Schedule B)

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EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Committee to Preserve Local Healthcare

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
4-30-09	ID# CK# 1025	Unity HealthCare 1518 Mulberry Avenue Muscatine, IA 52761	Reimburse employee time to prepare newspaper ads	\$ 46.98
4-30-09	ID# CK# 1026	Unity HealthCare 1518 Mulberry Avenue Muscatine, IA 52761	Reimburse for campaign stationery	128.40
4-30-09	ID# CK# 1027	Unity HealthCare 1518 Mulberry Avenue Muscatine, IA 52761	Reimburse for cost of newspaper ads-Muscatine Journal	5,383.00
4-30-09	ID# CK# 1028	Unity HealthCare 1518 Mulberry Avenue Muscatine, IA 52761	Reimburse for cost of newspaper ads-West Liberty Index	175.00
4-30-09	ID# CK# 1029	Unity HealthCare 1518 Mulberry Avenue Muscatine, IA 52761	Reimburse for cost of newspaper ads-Durant Advocate	330.00
4-30-09	ID# CK# 1030	Unity HealthCare 1518 Mulberry Avenue Muscatine, IA 52761	Reimburse employee time for website work	46.51
4-30-09	ID# CK# 1031	Unity HealthCare 1518 Mulberry Avenue Muscatine, IA 52761	Reimburse employee time for writing campaign material	46.51
4-30-09	ID# CK# 1032	Unity HealthCare 1518 Mulberry Avenue Muscatine, IA 52761	Reimburse employee time for presentation to doctors	46.51
SUB-TOTAL				\$ 6,202.91
TOTAL (if last page of this schedule)				\$

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Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

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(for Schedule B)

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EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
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COMMITTEE NAME (Must be same as on Statement of Organization)

Committee to Preserve Local Healthcare

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
4-30-09	ID# CK# 1033	Unity HealthCare 1518 Mulberry Avenue Muscatine, IA 52761	Reimburse employee time for presentation to doctors	\$ 46.51
4-30-09	ID# CK# 1034	Unity HealthCare 1518 Mulberry Avenue Muscatine, IA 52761	Reimburse for employee time for presentation at MCC	46.51
4-30-09	ID# CK# 1035	Unity HealthCare 1518 Mulberry Avenue Muscatine, IA 5271	Reimburse for employee time to prepare newspaper ads	28.19
4-30-09	ID# CK# 1036	Unity HealthCare 1518 Mulberry Avenue Muscatine, IA 52761	Reimburse employee time for campaign marketing	383.11
4-30-09	ID# CK# 1037	Unity HealthCare 1518 Mulberry Avenue Muscatine, IA 52761	Reimburse employee time for campaign marketing planning	618.87
4-30-09	ID# CK# 1038	Unity HealthCare 1518 Mulberry Avenue Muscatine, IA 52761	Reimburse employee time for campaign marketing planning	412.58
4-30-09	ID# CK# 1039	Unity HealthCare 1518 Mulberry Avenue Muscatine, IA 52761	Reimburse employee time for campaign marketing planning	471.52
4-30-09	ID# CK# 1040	Unity HealthCare 1518 Mulberry Avenue Muscatine, IA 52761	Reimburse employee time for campaign marketing planning	353.64
SUB-TOTAL				\$ 2,360.93
TOTAL (if last page of this schedule)				\$ 13,756.22

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Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

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(for Schedule B)

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SCHEDULE G (Rev. 02/08)	BREAKDOWN OF MONETARY EXPENDITURES BY CONSULTANT
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Committee to Preserve Local Healthcare

PART I - NAME AND ADDRESS OF CONSULTANT

Name of Consultant		
Greater Muscatine Chamber of Commerce & Industry		
Mailing Address		
102 Walnut Street		
City	State	Zip Code
Muscatine	IA	52761

CONTRACT PERIOD (MM/DD/YR) TOTAL ANTICIPATED COMPENSATION FOR PERFORMANCE

 From April 1, 2009
 To May 5, 2009

\$ 2,500.00

ESTIMATES OF PERFORMANCE

Consulting, advertising, managing, and organizing campaign

PART II- ITEMIZED BREAKDOWN OF UNREIMBURSED EXPENSES PAID BY CONSULTANT TO OTHERS IN PERFORMING SERVICES OF CONTRACT (These expenses should NOT be reported on Schedule B, as they are direct payment from the consultant.)

DATE EXPENDED (MM/DD/YR)	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE	AMOUNT EXPENDED
			\$
SUB-TOTAL			\$
TOTAL (If last page of this schedule)			\$